



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

JACOB ROSENSTEIN MD
800 WEST ARBROOK BLVD SUITE 150
ARLINGTON TX 76015

Respondent Name

VALLEY FORGE INSURANCE CO

Carrier's Austin Representative Box

Box Number 47

MFDR Tracking Number

M4-08-1954-01

MFDR Date Received

OCTOBER 22, 2007

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "22630-51 for \$1,795.28 for the posterior lumbar interbody fusion L5-S1 was denied stating, 'global.' This is not correct as this code is not global to any other code billed according to the National Correct Manual Version 13.1. The MAR for this code is \$1,862.09 and since it was billed with a -51 modifier, \$897.64 is still due." "Code 38230-51 for \$374.85 for the harvesting of bone marrow was denied stating, 'global.' This is incorrect according to the National Correct Manual Version 13.1. Since this code is not global to any other code, will you please reprocess this code and allow \$187.43." "Code 76003-26 for \$31.71 for the fluoroscopic guidance was denied stating, 'global.' This is not correct as the fluoroscopic guidance is not global to any procedure billed and is medically necessary to perform this type of operation. The MAR for this code is \$31.71 and is still due."

Requestor's Supplemental Position Summary Dated December 9, 2008: "Will you please withdraw all the DOP codes for example 20936, 27299, 63048, and 90779 on all pending active disputes we have with your office."

Requestor's Supplemental Position Summary Dated December 15, 2008: "yes 63044 is a DOP code and we don't wish to pursue this one either. I forgot to include this in my email to you so if you need me to email another statement w/this added in I will. So if any dispute includes 63044, I need to withdraw this code 63044".

Amount in Dispute: \$1,116.78

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier requests that TDI DWC enter an order of zero additional reimbursement as Carrier's payment totaling \$6,960.02 is in compliance with the Texas Labor Code and the Texas Administrative Code Rules."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 3, 2007	CPT Code 22630-51	\$897.64	\$897.63
	CPT Code 38230-51	\$187.43	\$0.00
	CPT Code 76002-26	\$31.71	\$31.71
TOTAL		\$1,116.78	\$929.34

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.202, effective August 1, 2003, sets the reimbursement guidelines for the disputed services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - 509-001-Correct Coding Initiative bundle guidelines indicate this code is a mutually exclusive code, considered included in another code on the same day as code 22612.
 - 150-Payment adjusted because the payer deems the information submitted does not support this level of service.
 - 850-211-ABR: This procedure is included in the global value of another billed. Recommended final allowance is \$0.00.
 - 900-068-ABR: Additional reconsideration of this bill and submitted documentation does not support additional payment. Recommended final allowance.
 - W1-Workers compensation state fee schedule adjustment.
 - 850-107-ABR: Initial allowance recommended in accordance with the state fee schedule guidelines.
 - 292-The complete procedure has been reimbursed, therefore the professional or technical component is not allowed separately.

Issues

1. Is the requestor entitled to reimbursement for CPT code 22630-51?
2. Is the requestor entitled to reimbursement for CPT code 38230-51?
3. Is the requestor entitled to reimbursement for CPT code 76002-26?

Findings

1. 28 Texas Administrative Code §134.202(b) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section."

On the disputed date of service the requestor billed codes 63042-50, 63044-50, 22612-51, 22630-51, 20936, 27299-51, 22842, 22851, 22614, 22632, 38230-51, 20938, and 77002-26.

CPT code 22630-51 is defined as "Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar".

According to the explanation of benefits, CPT code 22630 was denied based upon reason codes “97 and 509-001”.

The requestor states in the position summary that “22630-51 for \$1,795.28 for the posterior lumbar interbody fusion L5-S1 was denied stating, ‘global.’ This is not correct as this code is not global to any other code billed according to the National Correct Manual Version 13.1. The MAR for this code is \$1,862.09 and since it was billed with a -51 modifier, \$897.64 is still due.”

Per CCI Edits, CPT code 22630-51 is not global to any other service billed on this date; therefore, the respondent’s denial based upon “97 and 509-001” is not supported.

Per Rule 134.202(b), the maximum allowable reimbursement, (MAR) is determined by locality. A review of Box 32 on CMS-1500 indicates that the zip code 76017 is the locality. This zip code is located in Tarrant County.

28 Texas Administrative Code §134.202(c)(1) states “To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: “for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers’ compensation system is the effective conversion factor adopted by CMS multiplied by 125%.”

The Medicare allowable for CPT code 22630-51 in Tarrant County is \$1,436.22. Per 28 Texas Administrative Code §134.202(c)(1) this amount is multiplied by 125% equals a MAR of \$1,795.27. This code is subject to multiple procedure rule discounting of 50%; therefore, the MAR is \$897.63. The difference between the MAR and amount paid is \$897.63; therefore, the amount ordered is \$897.63.

2. CPT code 38230-51 is defined as “Bone marrow harvesting for transplantation; allogeneic.”

According to the explanation of benefits, CPT code 38230-51 was denied payment based upon reason code “150, 850-211, 900-068, W1 and 850-107”.

The requestor states in the position summary that “Code 38230-51 for \$374.85 for the harvesting of bone marrow was denied stating, ‘global.’ This is incorrect according to the National Correct Manual Version 13.1. Since this code is not global to any other code, will you please reprocess this code and allow \$187.43.”

The operative report does not support billed service; therefore, reimbursement is not recommended.

3. CPT code 76002-26 is defined as “Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device).”

The respondent denied reimbursement for CPT code 76002-26 based upon reason codes “W1 and 292.”

Per CCI Edits, CPT code 76002 is not a component of 22612 on the disputed date of service; therefore, reimbursement is recommended.

The Medicare allowable for CPT code 76002-26 in Tarrant County is \$25.37. Per 28 Texas Administrative Code §134.202(c)(1) this amount is multiplied by 125% equals a MAR of \$31.71. The difference between the MAR and amount paid is \$31.71. As a result, the amount ordered is \$31.71.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$ 929.34.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$929.34 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

1/17/2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.